

City Clerk Department
1100 37th Street
Evans, CO 80620
(970) 475-1100



ANIMAL LICENSE APPLICATION

Licensing Requirements. The owner, keeper, harborer, or any other person who has assumed the responsibility for any dog or cat within the City shall secure a license for such dog or cat from the City Clerk. No license shall be required for any dog or cat under the age of six months. No license shall be required for seeing-eye dogs.

Rabies vaccination certificate required. In order to entitle any applicant to a license, such applicant shall produce and display to the City Clerk a certificate issued by a licensed doctor of veterinary medicine certifying that the dog or cat has been vaccinated for rabies, and that such vaccination is current. If you mail this form in, you need to include a copy of your pet's rabies vaccination. Proof must accompany this form of spay/neuter.

It is unlawful for any owner, keeper, harborer, or any other person to keep, maintain, harbor or possess in any one household, a combined total of more than four pet animals within the City of Evans.

Owner's Name: _____

Address: _____ Phone: _____

DOG(S) AND/OR CAT(S) INFORMATION:

NAME	BREED	AGE	SEX	COLOR/ MARKINGS	DATE RABIES VACCINATION EXPIRES

NOTE: Such license will be issued concurrent with the issuance of the certificate of rabies vaccination.

Example: If your pet was given a one year rabies vaccination, licenses will be issued for one year from the date of the vaccination.

1 YEAR LICENSE:

\$10.00 Spayed or Neutered X # Animals ____ = \$ ____ (provide certificate of spay/neuter)
\$15.00 Fertile X # Animals ____ = \$ ____

2 YEAR LICENSE:

\$15.00 Spayed or Neutered X # Animals ____ = \$ ____ (provide certificate of spay/neuter)
\$25.00 Fertile X # Animals ____ = \$ ____

3 YEAR LICENSE

\$20.00 Spayed or Neutered X # Animals ____ = \$ ____ (provide certificate of spay/neuter)
\$30.00 Fertile X # Animals ____ = \$ ____

FOR OFFICE USE ONLY:

Rabies Tag Number: _____ Year: _____ Exp. Date: _____

City License Number: _____ Exp. Date: _____

Receipt Number: _____ Date: _____